

**Metro Neighborhood Traffic Management Program  
Program Application Form**

Contact name(s)\_\_\_\_\_ Day phone\_\_\_\_\_

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Neighborhood Association\_\_\_\_\_ Today's date\_\_\_\_\_

**Which neighborhood street(s) are primary concerns?**

Street                                      From                                      To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How many households does your association represent?** \_\_\_\_\_

**How often does your Association Board meet?** \_\_\_\_\_

**Where does your Association Board meet?** \_\_\_\_\_

**How often does your Whole Association meet?** \_\_\_\_\_

**Where does your Whole Association meet?** \_\_\_\_\_

**Please return the completed application form via postal mail to**

**Metro Department of Public Works  
Traffic Calming Office  
Attention Benny Word  
730 South 5th Street  
Nashville, TN 37206**

**or in an email attachment to [traffic@collierengineering.com](mailto:traffic@collierengineering.com), Attention Benny Word  
Or call 862-8716 for more information.**

**I have read and understand the guidelines of Metro Neighborhood Traffic Management Program. I have further reviewed the program with the association board.  
Our neighborhood association wishes to become an active participant in this program.**

**Association President** \_\_\_\_\_  
**Signature**

**Date** \_\_\_\_\_

**Metro Nashville Neighborhood Traffic Management Pilot Program**